

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
Sacramento, CA 95814

June 8, 1983
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
P.O. #4638
Shipper #11482

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER **83029904**

GENERATOR NAME AND MAILING ADDRESS PATTON CORP. 601 Sonora Glendale, Ca. AREA CODE/PHONE NUMBER 245-7222				MANIFEST DOCUMENT NUMBER EPA ID NUMBER CA X0000043B31					
TRANSPORTER NO. 1 OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, Ca. 90602				VEH/CONTAINER NO. 4 2507		EPA ID NUMBER CA DQ 42245001			
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH/CONTAINER NO.		EPA ID NUMBER			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OMEGA CHEMICAL CORP. AREA CODE/PHONE NUMBER 698-0991				EPA ID NUMBER CA DQ 42245001					
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS Hazardous Substance, Liquid N.O.S (FLEXOSOLVENT) ORM -E				UN/NA NUMBER N A9 1 88	TOTAL QUANTITY 1 50	UNIT WT/VOL G	CONTAINER NO. TYPE 05 D M	WASTE CAT NO. 21 1	DISP. METH. 01
COMPONENTS						CONC. RANGE UPPER LOWER		UNITS % PPM	
Perchloroethylene						70 60			
N-Butyl Alcohol						20 12			
PHoto Polymer Resin						40 30			
SPECIAL HANDLING INSTRUCTIONS yeld 84.4 gal GLOVES, GOGGLES waste 36.5 gal									
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. Printed or typed full name and signature <i>Larry D. Drane</i> <input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets									
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature <i>Henry Saloma</i> DATE REC'D & ACCEPTED MO. DAY YR. 6 10 83									
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature DATE REC'D & ACCEPTED MO. DAY YR.									
DISCREPANCY INDICATION SPACE									
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD/F must complete waste number. See instructions. Printed or typed full name and signature <i>Steve Simpson</i> EPA ID NUMBER CA DQ 42245001 DATE RECEIVED & ACCEPTED MO. DAY YR. 6 8 83									

TSD/F SENDS THIS COPY TO DOHS WITHIN 15 DAYS